



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

W-71
HEART

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Weisman		Donald	B.	538-7021216
MAILING ADDRESS (Street)			FAX	
245 N. Kukui St., Ste. 204			538-3443	
(City)	(State)	(Zip Code)		
Honolulu	HI	96817 96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip Code)		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Heart Association			538-7021
MAILING ADDRESS (Street)			FAX
245 N. Kukui St., Ste. 204			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96817 96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Don Weisman			538-7021216
MAILING ADDRESS (Street)			FAX
245 N. Kukui St., Ste. 204			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



1/18/05

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Natalie Arrell

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vice President, Executive Director

NAME OF ORGANIZATION (if applicable)

American Heart Association

TELEPHONE

538-7021, ext. 15

MAILING ADDRESS (Street)

245 N. Kuli St., Suite 204 H

FAX

538-3443

(City)

Honolulu

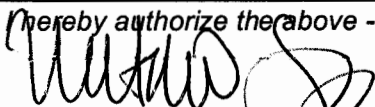
(State)

Hawaii

(Zip Code)

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



1/18/05

(Signature of Authorizing Officer or Person Represented)

(Date)